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Attorney's Docket No.: 042390.P12202

Patent

In re the Application of: Laity et al.

(inventor(s))

Application No.: 09/534,888

Filed: March 24, 2000

For: Network Communications System

(title)

Commissioner for Patents

P.O Box 1450

Alexandria, VA 22313-1450

SIR: Transmitted herewith is an Amendment for the above application.

 Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

 A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

 X No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra
Total Claims	* 27	Minus	**28	0
Indep. Claims	* 2	Minus	***5	0
First Presentation of Multiple Dependent Claim(s)				

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

SMALL ENTITY

Rate	Additional Fee
X9	\$
X42	\$
+140	\$
Total Add. Fee	\$

OTHER THAN A SMALL ENTITY

Rate	Additional Fee
X18	\$0.00
X84	\$
+280	\$
Total Add. Fee	\$0.00

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that I am causing the above-referenced correspondence to be deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and that this paper or fee has been addressed to the Commissioner for Patents, Alexandria, VA 22313

Date of Deposit: August 29, 2003

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_____ A check in the amount of \$ _____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
_____ 37 C.F.R. § 1.136(a).

_____ A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

A duplicate copy of this sheet is enclosed.

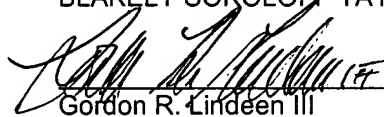
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extra claims.

X Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: 8/27/13


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